

COVID-19 Worker Screening

Workplaces and workers must follow jurisdictional and regional public health orders. Use this tool to determine if a worker presents a risk of exposing anyone on site to COVID-19.

1. Screen for risks of exposure to COVID-19 according to your Exposure Control Plan

2. Inform the worker of safe work procedures they must follow:

- check in procedure
- use of face coverings
- hand washing or hand sanitizing
- cleaning surfaces (before and after use)
- controlled movement within the space
- check out procedure

3. Keep worker screening information in your files.

Worker's name:		
Name of person conducting screening:		<input type="checkbox"/> self-screen
Date and time of screening:	<input type="checkbox"/> At entry of the business <input type="checkbox"/> Over the phone	<input type="checkbox"/> Email (self-screen)
Supervisor's name:		
1. Does the worker have any symptoms of COVID-19 (such as cough, fever, difficulty breathing)?		
<input type="checkbox"/> No – proceed to 2.	<input type="checkbox"/> Yes Asses the risk and follow your Exposure Control Plan Inform the worker to follow all relevant public health orders.	
2. Have you been fully vaccinated (2 vaccines)?		
<input type="checkbox"/> No – proceed to 2 (a).	<input type="checkbox"/> Yes Asses the risk and follow your Exposure Control Plan Inform the worker to follow all relevant public health orders.	
2. (a) Have you had one vaccine?		
<input type="checkbox"/> No – proceed to 3.	<input type="checkbox"/> Yes Asses the risk and follow your Exposure Control Plan Inform the worker to follow all relevant public health orders.	
3. Has the worker recently travelled out of the territory?		
<input type="checkbox"/> No – Proceed to 3.	<input type="checkbox"/> Yes Asses the risk and follow your Exposure Control Plan Inform the worker to follow all relevant public health orders.	
4. Does the worker work or volunteer at another work place considered to be high risk?		
<input type="checkbox"/> No – Proceed to 4.	<input type="checkbox"/> Yes Asses the risk to determine additional safety requirements. Proceed to 4.	
5. Has the worker been in close contact with:		
<ul style="list-style-type: none"> Someone confirmed to have COVID-19; Someone who is being investigated for COVID-19; Someone who has symptoms of COVID-19, or Someone who has recently travelled out of the territory? 		
<input type="checkbox"/> No –Proceed to 5.	<input type="checkbox"/> Yes - Inform the worker to follow all relevant public health orders.	
6. Has the worker been informed of safe work procedures for:		
<input type="checkbox"/> 2-meter distancing	<input type="checkbox"/> Hand washing or sanitizing	<input type="checkbox"/> Check in/out process
<input type="checkbox"/> Controlled movement in space	<input type="checkbox"/> Cleaning surfaces	<input type="checkbox"/> Use of PPE
Other considerations:		

You do not need to submit this to WSCC.

Keep screening information for your records.